County: Barron
BARRON MEMORIAL MEDICAL CENTER SNF

1222 EAST WOODLAND AVENUE

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BARRON 54812 Phone: (715) 537-3186		Ownershi p:	Non-Profit Corporation
Operated from 1/1 To 12/31 Days of Operation:	365	Hi ghest Level Li cense:	Skilled
Operate in Conjunction with Hospital?	Yes	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/01):	50	Title 18 (Medicare) Certified?	No
Total Licensed Bed Capacity (12/31/01):	50	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/01:	48	Average Daily Census:	48
<u> </u>	**********	**************	******

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Residents (12/3	31/01)	Length of Stay (12/31/01)	%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	33. 3
Supp. Home Care-Personal Care	No					1 - 4 Years	<b>54.</b> 2
Supp. Home Care-Household Services	No	Developmental Disabilities	0. 0	Under 65	0.0	More Than 4 Years	12. 5
Day Services	No	Mental Illness (Org./Psy)	35. 4	65 - 74	2. 1		
Respite Care	No	Mental Illness (Other)	0.0	75 - 84	35.4		100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0. 0	85 - 94	<b>52.</b> 1	*********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemi plegi c	6. 3	95 & 0ver	10. 4	Full-Time Equivale	nt
Congregate Meals	No	Cancer	2. 1	İ	(	Nursing Staff per 100 Re	esi dents
Home Delivered Meals	No	Fractures	2. 1		100. 0	(12/31/01)	
Other Meals	No	Cardi ovascul ar	2. 1	65 & 0ver	100. 0		
Transportati on	No	Cerebrovascul ar	18. 8	'		RNs	10. 2
Referral Service	No	Di abetes	4. 2	Sex	%	LPNs	7. 6
Other Services	No	Respi ratory	4. 2		j	Nursing Assistants,	
Provi de Day Programming for		Other Medical Conditions	<b>25.</b> 0	Male	22. 9	Aides, & Orderlies	42. 7
Mentally Ill	No	į		Femal e	77. 1		
Provi de Day Programming for		į	100.0		j		
Developmentally Disabled	No	į			100. 0		
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## Method of Reimbursement

		ledicare litle 18			edicaid itle 19			0ther		]	Pri vate Pay	<b>;</b>		amily Care			anaged Care			
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Diem (\$)	Total Resi- dents	% Of All
Int. Skilled Care	0	0. 0	0	2	5. 4	121	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0	0	2	4. 2
Skilled Care	0	0.0	0	28	75. 7	102	0	0.0	0	11	100.0	104	0	0.0	0	0	0.0	0	39	81. 3
Intermedi ate				7	18. 9	83	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	7	14. 6
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Di sabl ed				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depender	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	0	0.0		37	100.0		0	0.0		11	100.0		0	0.0		0	0.0		48	100.0

Admissions, Discharges, and Deaths During Reporting Period	Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/01									
beachs builing kepoleting leftou			9	6 Needi ng		Total				
Percent Admissions from:		Activities of	%		sistance of	% Totally	Number of			
Private Home/No Home Health	8.8	Daily Living (ADL)	Independent	0ne	Or Two Staff	Dependent	Resi dents			
Private Home/With Home Health	2. 9	Bathi ng	0.0		39. 6	60. 4	48			
Other Nursing Homes	0.0	Dressi ng	0. 0		39. 6	60. 4	48			
Acute Care Hospitals	<b>85</b> . 3	Transferring	14. 6		47. 9	37. 5	48			
Psych. HospMR/DD Facilities	0.0	Toilet Use	14. 6		47. 9	37. 5	48			
Rehabilitation Hospitals	0.0	Eating	<b>54</b> . 2		27. 1	18. 8	48			
Other Locations	2. 9	********	******	*****	**********	*******	******			
Total Number of Admissions	34	Conti nence		%	Special Treatmen	nts	%			
Percent Discharges To:		Indwelling Or Externa	ıl Catheter	12. 5	Receiving Res	pi ratory Care	6. 3			
Private Home/No Home Health	8.6	Occ/Freq. Incontinent	of Bladder	64. 6	Receiving Tra	cheostomy Care	0. 0			
Private Home/With Home Health	2.9	Occ/Freq. Incontinent	of Bowel	29. 2	Receiving Suct	ti oni ng	0. 0			
Other Nursing Homes	11. 4				Receiving Osto	omy Care	0. 0			
Acute Care Hospitals	17. 1	Mobility			Recei vi ng Tub		0.0			
Psych. HospMR/DD Facilities	0.0	Physically Restrained	[	0. 0	Receiving Mec	hanically Altered Diets	s 20.8			
Rehabilitation Hospitals	2. 9									
Other Locations	0.0	Skin Care			Other Resident					
Deaths	57. 1	With Pressure Sores		2. 1	Have Advance	Di recti ves	100. 0			
Total Number of Discharges		With Rashes		4. 2	Medi cati ons					
(Including Deaths)	35				Receiving Psyc	choactive Drugs	<b>56</b> . 3			

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	Thi s	0ther	Other Hospital- Based Facilities		Al 1		
	Facility	Based F			cilties		
	%	%	Ratio	%	<b>Ratio</b>		
Occupancy Rate: Average Daily Census/Licensed Beds	96. 0	88. 1	1. 09	84. 6	1. 13		
Current Residents from In-County	93. 8	83. 9	1. 12	77. 0	1. 22		
Admissions from In-County, Still Residing	47. 1	14. 8	3. 18	20. 8	2. 26		
Admissions/Average Daily Census	70. 8	202. 6	0. 35	128. 9	0. 55		
Discharges/Average Daily Census	72. 9	203. 2	0. 36	130. 0	0. 56		
Discharges To Private Residence/Average Daily Census	8. 3	106. 2	0.08	52. 8	0. 16		
Residents Receiving Skilled Care	85. 4	92. 9	0. 92	85. 3	1.00		
Residents Aged 65 and Older	100. 0	91. 2	1. 10	87. 5	1. 14		
Title 19 (Medicaid) Funded Residents	77. 1	66. 3	1. 16	68. 7	1. 12		
Private Pay Funded Residents	22. 9	22. 9	1.00	22. 0	1. 04		
Developmentally Disabled Residents	0.0	1. 6	0.00	7. 6	0.00		
Mentally Ill Residents	35. 4	31. 3	1. 13	33. 8	1.05		
General Medical Service Residents	25. 0	20. 4	1. 22	19. 4	1. 29		
Impaired ADL (Mean)*	64. 2	49. 9	1. 29	49. 3	1. 30		
Psychological Problems	56. 3	53. 6	1. 05	51. 9	1. 08		
Nursing Care Required (Mean)*	4. 2	7. 9	0. 53	7. 3	0. 57		